

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 164
Registered No. 236

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 3012 Turkey Shoot St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Estella Rubelcabo
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No. in order of birth. _____ 6. Legitimate? yes 7. Date of birth May 13 - 1929
Month Day Year

8. FATHER
Full name Bonifacio Rubelcabo

9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

10. Color or race Mex. 11. Age at last birthday 32 (Years)

12. Birthplace (city or place) Jalisco
(State or country) Mex.

13. Occupation
Nature of industry Miner

20. Number of children of this mother 5
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 4
(b) Born alive but now dead 1
(c) Stillborn 0

14. MOTHER
Full maiden name Mercedes Villereal

15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

16. Color or race Mex. 17. Age at last birthday 29 (Years)

18. Birthplace (city or place) Sinaloa
(State or country) Mex.

19. Occupation
Nature of industry Housewife

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:55 A. M. on the date above stated.
(Born alive or stillborn.)

Signature Byron M. Brown M.D.
Physician
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____

Address Miami, Arizona

Filed May 20, 1929 B. E. Trim
Registrar

596-513-453